

Vermont Department of Health Laboratory
195 Colchester Ave., Burlington, VT 05402-1125
802-863-7335 or 800-660-9997
Fax: 802-863-7632

Microbiology Specimen Collection Kit – Order Form

Physician/Lab _____

*Address _____

City _____ State _____ Zip _____

Phone _____

Attention of: _____

Remarks _____

***Please indicate your shipping address as deliveries will be made by United Parcel Service. We are unable to ship to post office boxes.**

Quantity	Type	Description
_____	#1	Enteric Bacteria (<i>Salmonella</i> , <i>Shigella</i> , <i>Campylobacter</i> , <i>E coli</i> 0157:H7, <i>Yersinia enterocolitica</i>)
_____	#2	Parasitology (SAF)
_____	#4	Bacteriology (Reference identification)

Please do not order more than a two (2) month supply of specimen collection kits.

**DISCUSSION BETWEEN SUBMITTERS AND
LABORATORY STAFF IS ENCOURAGED WHEN
DETERMINING THE APPROPRIATE SPECIMEN
COLLECTION KIT.**

Quantity	Type	Description
_____	#5	Pertussis
_____	#6	Legionella, AFB, Mycology
_____	#7	GC & Chlamydia (amplified) Swab _____ Urine _____
_____	#8	GC Culture
_____	#9	Influenza
_____	#13	Serology Mailer with Blood Collection Tube
_____	#14	Serology Mailer without Blood Collection Tube
_____	#17	Pinworm
_____	(ONLY)	Clinical Test Request Forms Micro 220

Note: Before using specimen collection kits, please be certain that no components have outdated. Outdated kits should be promptly returned to the laboratory.

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